

Division of Health Care Finance and Policy

FY2000 Outpatient Hospital Emergency Department Database Documentation Manual

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General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

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INTRODUCTION

This documentation manual contains two sections, General Documentation and Technical Documentation. This documentation manual is for use with the Emergency Department Visit FY2000 Database.

Section I. General Documentation

The **General Documentation** includes background on the development of the FY2000 Emergency Department Database, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. The section also contains hospital-reported discrepancies received in response to the data verification process, and supplementary information, including a table of data field names and descriptions, a list of Type A and Type B errors, and a list of hospitals within the database.

Section II. Technical Documentation

The **Technical Documentation** includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the data that is contained in the file.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files.

Copies of Regulation *114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data, Retrospective (Historical) Outpatient Emergency Department Visit Data: Electronic Record Submission Specifications*, and Regulation *114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data* may be obtained by logging on to the Division's website at <http://www.mass.gov/dhcfp>, or for a fee by faxing a request to the Division at 617-727-7662, Attention: Public Records.

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CD SPECIFICATIONS

Hardware Requirements:

CD ROM Device
Hard Drive with 2.50 GB of space available

CD Contents:

This CD contains the final/full year Emergency Department Data Product. It consists of two Microsoft Access data base (MDB) files – the ED Visit file – which contains one record per ED visits, and the ED Services file – which contains one record for each service provided each patient. Linkage can be performed between EDVisits and EDServices by utilizing the RecordType20ID, EDVisitID, and SubmissionControlID. These 3 combined will produce a unique visit key.

In addition, the ED Visit file contains the following tables:

- EDVisit – actual data – one record per visit
- DataSubmissionLog – This contains a listing by provider and quarter of total charges, total number of ED visits, pass/fail status of file
- ErrorLog – listing of all errors found by provider and quarter
- HospitalsByEMSRegion – listing of each provider's EMS region and teaching status
- LookupCCSLevel1 – listing of CCS code for each diagnosis
- LookupCCSLevel1Description – listing of descriptions for each CCS code
- PayerCategories – listing of all payer types and sources
- ServiceSiteSummary – information by provider and quarter on the number of treatment beds, observation beds, total ED beds, inpatient visits, outpatient visits

This is an Access 2000 database (Access 97 will not hold a db this large).

File Naming Conventions:

This CD contains self-extracting compressed files using the file naming convention below.

Hospital_EDVisit_CCYY_FullYear_L#
And Hospital_EDServices_CCYY_FullYear
Where:

- a) CCYY = the Fiscal Year for the data included
- b) # = the level of data

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY00 ED Data Base
4. DRG Groupers

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PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides a general documentation overview, description of quarterly reporting periods, and information on the development of the FY2000 Emergency Department Visit Database.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements. To ensure the data base is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data as it appears on the *Outpatient Emergency Department Visit Verification Report*, or to indicate that the hospital found discrepancies in its data. If a hospital finds data discrepancies, the DHCFP requests that the hospital submits written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2000 ED Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable emergency department visit data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting ED visit data for FY2000 and those that failed to provide any data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

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PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Beginning in FY2002 Massachusetts hospitals were required to file outpatient emergency department visit data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data not already collected and stored electronically for that period of time. Hospitals report data to the Division on a quarterly basis.

The quarterly periods for FY2000 were as follows:

Quarter 1:	October 1, 1999 – December 31, 1999
Quarter 2:	January 1, 2000 – March 31, 2000
Quarter 3:	April 1, 2000 – June 30, 2000
Quarter 4:	July 1, 2000 – September 30, 2000

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2000 EMERGENCY DEPARTMENT DATABASE

The Massachusetts Division of Health Care Finance and Policy adopted final regulations regarding the collection of emergency department data from Massachusetts' hospitals, effective October 1, 2001. They are contained in *Regulation 114.1 CMR 17.00*, and the *Data Specifications of Administrative Bulletin 02-06*, both of which are available on the Division's web site. Specifications for retrospective data (FY2000 & FY2001) are also included on the Division's website under *Retrospective (Historical) Outpatient Emergency Department Visit Data: Electronic Record Submission Specifications*.

The Division believes that the new ED database will provide an essential resource for decision-makers struggling to address many ED-related health policy and public health concerns. Understanding emergency room overcrowding and ambulance diversion, the burden and cause of injuries, and evaluating treatment and the process of the emergency department system are just some of the important reasons for the data. Many physicians, academics, and policy makers strongly believe that this information will help make a difference in health care delivery and policy.

The ED database captures data concerning visits to emergency departments in Massachusetts' acute care hospitals and satellite emergency facilities that do not result in admission to an inpatient or outpatient observation stay. To avoid duplicate reporting, data on ED patients admitted to observation stays will continue to be reported to the Outpatient Observation Stay database, and ED patients admitted as inpatients will continue to be reported to the inpatient Hospital Discharge Database. The Division has asked providers to flag those patients admitted from the ED in the inpatient and outpatient observations databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for.

The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data not already collected and stored electronically for that period of time.

3. DEVELOPMENT OF THE FISCAL YEAR 2000 EMERGENCY DEPARTMENT DATABASE

Six Fiscal Year 2000 data levels have been created to correspond to the levels in *Regulation 114.5 CMR 2.00; Disclosure of Hospital Case Mix and Charge Data*. The user will have access to deniable data elements depending on the level of data they have been approved for and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as “Deniable Data Elements” in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, mother’s medical record number, billing number, Medicaid Claim certificate number (Medicaid Recipient ID number), Unique Health Identification Number (UHIN – the encrypted patient social security number), date of admission (registration or begin date), date of discharge (end date), date of birth, Unique Physician Number (UPN - which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels are as follows:

LEVEL I	Contains all case mix data elements, except the deniable data elements.
LEVEL II	Contains all Level I data elements, plus the UPN.
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother’s UHIN, a visit sequence number for each UHIN visit record, and may include the number of days between stays for each UHIN number.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother’s UHIN, a visit sequence number for each UHIN visit record, and may include the number of days between stays for each UHIN number. Level IV for ED data also includes reason for visit.
LEVEL V	Contains all Level IV data elements, plus the date of admission (registration or begin date), date of discharge (end date), and the date(s) of procedure(s).
LEVEL VI	Contains all of the deniable data elements except the Medicaid recipient ID number.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

The Division utilizes the 2002 version 2 of Clinical Classifications Software (CCS) on the ED database. CCS is a tool developed by the Agency for Healthcare Research and Quality for the purpose of grouping the thousands of patient diagnosis and procedure codes into broader and therefore, more manageable numbers of clinically meaningful categories. The current version of CCS is based upon the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

CCS consists of two related classification systems. The first system – called the **single-level CCS** – group diagnoses (illnesses and conditions) into 259 mutually exclusive categories, and procedures into 231 mutually exclusive categories. Most of the diagnosis categories are clinically homogeneous, however some heterogeneous categories were necessary in order to combine several less common individual conditions within a body system. Likewise, most of the procedure categories represent single procedures, however some procedures that occur infrequently are grouped according to the body system on which they are performed, whether they are used for diagnostic or therapeutic purposes, and whether they are considered operating room or non-operating room procedures according to diagnostic related group definitions (DRGs: Diagnostic related groups definitions manual, 1994).

All codes in the diagnosis section of ICD-9-CM are classified. In previous versions of the system, External Causes of Injury and Poisoning (E-Codes) were not classified because they are used sporadically in inpatient data, and were thus lumped into a single category (CCS 260). Beginning with the 1999 version of CCS, a classification system for E-Codes was incorporated.

The second CCS system – called the **multi-level CCS** – expands the single level CCS into a hierarchical system by grouping the single-level CCS categories into broader categories (e.g., infectious diseases, Mental Disorders, etc.) The multi-level CCS also splits the single-level categories in order to provide more detail about particular groupings of codes. The multi-level diagnosis CCS is split into four levels. The multi-level procedure CCS is split into three levels. A multi-digital numbering system is used to identify the level of each hierarchical category.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued:

CCS went through several stages of development. The initial endeavor – Clinical Classifications for Health Policy Research (CCHPR) Version 1 – set out to construct clinically meaningful categories of diagnoses and procedures. The categories were based on the extent to which conditions and procedures could be grouped into relatively homogeneous clusters of interest to researchers. CCHPR Version 2, which was based on Version 1, contained more categories than its predecessor. Some conglomerate categories and high frequency categories were divided into smaller, more clinically homogeneous groups. The 1999 update introduced the multi-level CCS, which gave special treatment to E-Codes, and reflected the broader use of classifications beyond health policy research.

CCS categories can be used in a variety of projects involving the analysis of diagnosis and procedure data. For example, they can be used to: identify causes of disease-specific or procedure specific studies; gain a better understanding of an institution's distribution of patients across a disease or procedure grouping; and provide statistical information on characteristics, such as length of stay for specific conditions.

SECTION I. GENERAL DOCUMENTATION

PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Special ED Data Considerations
5. Specific Data Elements
6. DHCFP Calculated Fields

PART B. DATA

1. EMERGENCY DEPARTMENT VISIT DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit emergency department data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in *Administrative Bulletin 02-06: Outpatient Emergency Department Visit Data Submission Specification, and Retrospective (Historical) Outpatient Emergency Department Visit Data: Electronic Record Submission Specifications..*

The standards employed for rejecting data submissions from hospitals are based upon the presence of Category A or B errors as listed for each data element under the following conditions.

All errors are recorded for each patient record and for the submission as a whole. An Edit Report is provided to the hospital, displaying detail for all errors found in the submission.

A patient **Record** is rejected if there is:

- Presence of one or more errors for Category A elements.
- Presence of two or more errors for Category B elements.

A hospital data **Submission** will be rejected if:

- 1% or more of discharges are rejected; or
- 50 consecutive records are rejected.

Each hospital received a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the individual hospital within 30 days, until the standard is met.

Please see Supplement I for a Table of Field Names, Field Descriptions, and Error Types.

PART B. DATA

1. ED VISIT DATA QUALITY STANDARDS - *Continued*

Verification Report Process:

The Verification Report process is intended to present hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and to affirm its accuracy. The Verification Report itself is a series of frequency reports covering selected data elements. Please refer to Supplement III for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing an **Emergency Department Verification Report Response Form**.

NOTE: The verification process for FY2002 and for FY2000 and FY2001 retro data did not require hospitals to complete the verification response form. Rather, responses were made and discrepancies noted by e-mail. The verification process form will be used in future years.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in the this General Documentation Manual.

Note: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax #617-727-7662.

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PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in **Regulation 114.1 CMR 17.02**) should be noted.

Emergency Department (ED)

The department of a hospital or a health care facility off the premises of a hospital that is listed on the license of a hospital and qualifies as a Satellite Emergency Facility under 105 CMR 130-820 through 130.836, that provides emergency services as defined in 105 CMR 130.020. Emergency services are further defined in the HURM, Chapter III, s. 3242.

Emergency Department Visit

Any visit by a patient to an emergency department for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

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PART B. DATA

3. GENERAL DATA CAVEATS

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and verification of patient supplied information at the time of arrival;
- Medical Record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Extent of hospital data processing systems;
- Varying degrees of commitment to quality of emergency department data;
- Non-comparability of data collection and reporting.

Emergency Department Data

The emergency department data is derived from information gathered upon arrival, or from information entered by attending physicians, nurses, and other medical personnel into the medical record. The quality of the data is dependent upon hospital data collection policies and coding practices of the medical record staff.

PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review:

This spring the Division conducted a preliminary data quality review of the newly collected ED data prior to releasing it to the public. The purpose of the review was to assess the data for substantial problems and potential reporting issues. Hospitals with substantial issues were contacted and sent letters outlining the specific areas. The intent was to guide hospitals to correct errors in order to correct the quality of future submissions. The review was intended to supplement the regular edit and verification process. Hospitals still received a verification report from their Division liaison and had the opportunity to review its accuracy and submit comments. (See Hospital Response Section for more information.)

The Division began collecting ED data for three fiscal years, including retro data for 2000 and 2001 and for FY2002. The data quality review focused mainly on FY2002. In cases where substantial quality issues were discovered, all three years were examined further to assess the extent of the problem.

The review included assessment of the following data elements that are reported to the Division in the ED data set:

- Social Security Number
- Length of Stay
- Primary Visit Source
- Mode of Transport
- Registration Date
- Homeless Indicator
- Secondary Payer Source
- Unique Physician Number (MD License)
- Race
- Visit Type
- Departure Status
- Discharge Data
- Primary Payer Source

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PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review - Continued:

Hospitals with substantial problems were contacted and sent a letter outlining the problem areas that were noted for follow-up. Hospital contacts were asked to review the data carefully to determine the accuracy of the information. If they discovered that the information was in error, the hospital contact was asked to correct and resubmit the data, if possible, or to correct the issue for future data submissions. Those hospitals unable to resubmit data – mainly due to system limitations – noted discrepancies in the comment section for hospital responses, and corrected the problem(s) going forward.

Below is a sample report given to hospitals with substantial problems.

Hospital Name & Org ID #	DHCFP Liaison	Departure Status	Visit Type	Primary Source of Visit
#400	Lucy Liaison	e.g., 99% reported as Died During ED visit – Q4 2002	e.g., 90% reported as “non-urgent” – Q2, Q3, Q4 of 2001	e.g., 99% reported as “7 – Outside Hospital ER transfer” for all quarters 2001, 2002

There were several data elements that proved to be problematic for many hospitals. Upon further review, it was discovered that most problems were due to programming issues. There were five data elements that seemed to be the most problematic for many hospitals. These data elements were:

• Visit Source
• Length of Stay
• Visit Type
• Patient Departure Status
• Physician License Number

PART B. DATA

3. GENERAL DATA CAVEATS

Data Quality Review - Continued:

Visit Source: Many hospitals utilized “Code 7 – Outside Hospital Emergency Room Transfer”, as a default, where they meant to use “Code M – Walk-In/Self-Referral”. These hospitals have corrected the problem for future submissions.

Visit Type: There was a wide variance in the reporting of visit type, due to the use of different definitions of the terms “emergency”, “urgent”, and “non-urgent”.

Length of Stay (LOS): The Division identified and contacted hospitals that reported both relatively low and relatively high lengths of stay. It was discovered that most of the problems with Length of Stay resulted from inaccuracies in the reporting of discharge time. (Note: LOS is calculated by subtracting Admission Time from Discharge Time.) Since discharge time was not a required element in the years examined (prior to FY03), many hospitals reported it as ‘0000’, thereby rendering the calculation inaccurate. The problem will be corrected going forward.

Patient Departure Status: The most critical issue involved Patient Departure Status Code. There were a small number of hospitals that inadvertently reported nearly all visits with a departure status code of “0 – Died during ED Visit”. In all cases, the problem was discovered to be technical. Some hospitals were able to rectify the issue and resubmit data prior to public release. Other hospitals did not have the ability to go back to correct the technical inaccuracies. The Division asks that you be aware of the potential reporting problem when working with Departure Status in the database.

Unique Physician Number: Hospitals report the physician license number, which the Division encrypts into a Unique Physician Number. The Division identified hospitals reporting one or more numbers a relatively high number of times, or those reporting a limited number of license numbers. The situation was discussed with the hospitals and corrected, where warranted, for future submissions.

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PART B. DATA

4. SPECIAL ED DATA CONSIDERATIONS

The dates for mandatory reporting of some data elements were delayed to accommodate certain hospitals not able to report them immediately. In FY00, these data elements were:

• Homeless Indicator	• Discharge Time (affects LOS)
• Race	• Type of Visit / Emergency Severity Index
• Source of Visit	• Departure Status
• Source of Payment	• Significant Procedures
• E-Codes	• Mode of Transport
• All bed data (RT 94)	• All visit data (RT 94)
• Stated Reason for Visit	• Service Line Items

Nevertheless, many hospitals did report these data elements, particularly Discharge Date and Time, and Stated Reason for Visit.

ED Overlap to the Inpatient HDD and Outpatient Observation Data Bases:

Flag fields were created for use with the Inpatient Hospital Discharge Database and the Outpatient Observation Database because of the overlap from ED to these other areas. Data for some patients who are discharged from the ED as outpatients, but who subsequently return to the hospital and are admitted as inpatients within a period of a few days may also be found in the inpatient database. This effect is caused by certain payers' "payment window" rules, and such cases should be indicated by ED flag value "1" in the inpatient database. The Division has asked providers to flag those patients admitted from the ED in the inpatient & outpatient observation databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for. Certain outpatient ED visits for which no charge is made may not appear in the ED database at all.

The Division also requested certain historical outpatient ED data back to January 1, 2000, in order to expedite trend analyses, but hospitals were not required to report any data already collected and stored electronically for that period of time. Certain data quality criteria were also relaxed for historical data. For a complete description of the data specifications used for retrospective data, see the Division's website, www.mass.gov/dhcfp.

PART B. DATA

5. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the specific data elements included in the ED database, and to give a sense of their reliability.

Filing Org DPH Number

The Massachusetts Department of Public Health's four-digit identification number for the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses. (See Supplement V).

Filing Org ID

An identification number assigned by the Division to the hospital that submits the data. A hospital may submit data for multiple affiliated hospitals or campuses.

Type of Visit

This is the patient's type of visit: Emergency, Urgent, Non-Urgent, Newborn, or Unavailable. Please note it is expected that Newborn will not be a frequently used value for Type of Visit in the ED database (in contrast to its frequent use as a Type of Admission in the Inpatient database), since few babies are born in Eds. However, it would be appropriately reported as a Type of Visit for an ED visit if there were a precipitous birth that actually occurred in the ED, or if the baby was born out of the hospital but it was brought immediately thereafter to the ED for care. Reporting patterns vary widely from hospital to hospital and may not be reliable.

Emergency Severity Index

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level Triage Instrument, Academic Emergency Medicine 2000; 7:236-242. Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the ED visit. Only a small number of hospitals report this data element.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Source of Visit

This is the patient's originating, referring, or transferring source of visit in the ED. It includes Direct Physician Referral, Within Hospital Clinic Referral, Direct Health Plan Referral/HMO Referral, Transfer from an Acute Care Hospital, Transfer from a Skilled Nursing Facility, Transfer from an Intermediate Facility, and Walk-In/Self-Referral. Newborn Source of Visits includes Normal Delivery, Premature Delivery, Sick Baby, and Extramural Birth. Reporting patterns may vary widely from hospital to hospital and may not be reliable.

Secondary Source of Visit

This is the patient's secondary referring, or transferring source of visit in the ED. This is infrequently reported for ED Visits.

Charges

This is the grand total of charges associated with the patient's ED visit. The total charge amount should be rounded to the nearest dollar. A charge of \$0 is not permitted unless the patient has a departure status of eloped, left against medical advice, or met personal physician in the ED.

Encrypted Physician Number (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician who had primary responsibility for the patient's care in the ED. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

Other Physician Number (UPN)

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician other than the ED physician who provided services related to the patient's visit. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

Other Caregiver Code

This is the code for the other caregiver with significant responsibility for the patient's care. It includes resident, intern, nurse practitioner, or physician's assistant.

Principal Diagnosis

This is the ICD-9-CM code (excluding decimal point) for the patient's principal diagnosis.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Associated Diagnosis Codes 1-5

The ICD-9-CM codes (excluding decimal point) for the patient's first, second, third, fourth, and fifth associated diagnoses, respectively.

Significant Procedure Code 1-4

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's significant procedures, as reported in FL 80 and FL 81 of the UB-92. More detailed information on the items and services provided during the ED visit is reported under the Service Line Item data.

Associated Significant Procedure Codes 1-3

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient's first, second, and third associated significant procedure, as reported in FL 82 of the UB-92.

Procedure Type Code

This is the coding system (CPT or ICD-9-CM) used to report significant procedures in the patient's record. Only one coding system is allowed per patient visit.

Ambulance Run Sheet Number

The purpose of the Ambulance Run Sheet Number is to permit association of the ED data with data on pre-hospital services that patients may receive. The pre-hospital database is currently being developed by the Department of Public Health. This will not be a required element until the pre-hospital services database is in operation.

Patient Departure Status Code

Patient Departure Status Code is used to report the status of the patient at the time of discharge. Patients who are registered in the ED, but who then leave before they are seen and evaluated by a physician are said to have "eloped". In contrast, patient who have been seen by a physician but who leave against the medical advice of that physician are coded as AMA (Against Medical Advice). Patients who die during their visit to the ED (expired) are distinguished from patient who were "dead on arrival" (DOA), whether or not resuscitation efforts were undertaken. Such distinctions are valuable when doing outcomes studies related to both prehospital and ED care.

Patient's Mode of Transport Code

This is the patient's mode of transport to the ED. It includes by Ambulance, by Helicopter, law Enforcement, and Walk-In (including public or private transport).

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Discharge Date and Discharge Time

The discharge date and discharge time reflect the actual date and time that the patient was discharged from the ED. Default values, such as 11:59 PM of the day the patient was registered, are unacceptable. Time is reported as military time, and valid values include 0000 through 2359. (Please note that Discharge Time is mandatory beginning 10/1/2002 for FY2003.)

Stated Reason For Visit

The Reason for Visit is the patient's reason for visiting the ED. It is also known as the Chief Complaint. This should be the problem as perceived by the patient, as opposed to the medical diagnosis made by a medical professional. Because of the lack of a commonly used coding system for Reason for Visit, this field is reported in a free text field (up to 150 characters in length). (Please note that Reason for Visit is mandatory beginning 10/1/2002 for FY2003).

Patient Homelessness Indicator

The patient Homelessness Indicator is used to identify patients that are homeless. The Division recognizes that homeless patients do not always identify themselves as such. Neither does the Division expect hospitals to specifically ask patients whether they are homeless, if this is not their practice. However, because the homeless are a population of special concern with regard to access to care, health outcomes, etc., it is useful to identify as many of these patients as possible. If a patient reports no home address, provides the address of a known homeless shelter, or otherwise indicates that he or she is homeless, that should be indicated in this field by using a coding value of Y. Otherwise, the hospital should use the value N. (Please note that this field is mandatory beginning 10/1/2002 for FY2003.)

Principal External Cause of Injury Code (E-Code)

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

Payer Codes

A complete listing of the payer types and sources can be found in this manual under the Technical Documentation, Section II, part D and Part E.

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

Unique Health Identification Number (UHIN)

The patient's social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, the social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per Regulation 114.1 CMR 17.00, the number reported for the patient's social security number should be the patient's social security number, not the social security number of some other person, such as the husband or the wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for the social security number of the newborn's mother.

Service Line Items

Service Line Items are the CPT or HCPCS Level II codes used to bill for specific items and services provided by the ED during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, SPPLY is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are NOT collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient more than once during the visit.

ED Treatment Bed

The purpose of this data element is to help measure the normal capacity of Eds. ED Treatment Bed includes only those beds in the ED that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate hospitals' physical capacity to comfortably treat a certain volume of ED patients, although the Division recognizes that in cases of overcrowding, EDs may need to employ temporary beds.

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART B. DATA

5. SPECIFIC DATA ELEMENTS - *Continued*

ED-Based Observation Bed

ED-based Observation Beds are beds located in a distinct area within or adjacent to the ED, which are intended for use by observation patients. Hospitals should include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

ED Site

Most hospitals submitting ED data provide emergency care at only one location. Therefore, they are considered to have a single campus or site, and need to summarize their data only once. However, others may be submitting data pertaining to care provided at multiple sites. The Division requires the latter to summarize their data separately for each site covered by the data submitted.

PART B. DATA

6. DHCFP CALCULATED FIELDS

Analysis of the UHIN data by the Division has turned up problems with some of the reported data for the inpatient and outpatient observation stays databases. For a small number of hospitals, little or no UHIN data exists as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in numerous visits for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% - 10%.

In the past, the DHCFP has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN.

Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

```
ssn_empty = 1  
ssn_notninechars = 2  
ssn_allcharsequal = 3  
ssn_firstthreecharszero = 4  
ssn_midtwocharszero = 5  
ssn_lastfourcharszero = 6  
ssn_notnumeric = 7  
ssn_rangeinvalid = 8  
ssn_erroroccurred = 9  
ssn_encrypterror = 10
```

****Based on these findings, the DHCFP strongly suggests that users perform qualitative checks on the data prior to drawing conclusions about that data.**

SECTION I. GENERAL DOCUMENTATION

PART C. HOSPITAL RESPONSES FY2000

1. Summary of Hospitals' FY2000 ED Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2000
ED Final Verification Report Responses

DPH ID	Hospital Name	Verified as Substantially Accurate	Discrepancies Noted	COMMENTS
2006	Anna Jaques Hospital			No data for FY00.
2226	Athol Memorial Hospital			No data for FY00.
2339	Baystate Medical Center	X		
2313	Berkshire Medical Center	X		
2069	Beth Israel Deaconess	X		
2054	Beth Israel Deaconess – Needham Campus			No data for FY00.
2307	Boston Medical Center – Harrison Avenue Campus	X		
2921	Brigham & Women's	X		Note: Missing principal diagnosis for all retro data.
2118	Brockton Hospital	X		Q2 data only.
	Cable Emergency Center	X		
2108	Cambridge Health Alliance		X	See comment. Note: Includes both Whidden & Somerville identified within data by Org ID #142 & #143 respectively.
2135	Cape Cod Hospital	X		

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2000
ED Final Verification Report Responses

DPH ID	Hospital Name	Verified as Substantially Accurate	Discrepancies Noted	COMMENTS
2003	Caritas Carney Hospital	X		
2101	Caritas Good Samaritan Medical Center	X		
2225	Caritas Holy Family Hospital	X		
2114	Caritas Norwood Hospital		X	See comment.
2011	Caritas St. Anne's	X		Q2 & Q3 – patient demographic data only – no other data available, such as charges or registration time
2085	Caritas St. Elizabeth's	X		
2139	Children's Hospital	X		See comment.
2126	Clinton Hospital	X		
2155	Cooley-Dickinson Hospital		X	See comment.
2018	Emerson Hospital	X		
2052	Fairview Hospital	X		
2289	Falmouth Hospital	X		
2048	Faulkner Hospital	X		
2120	Franklin Medical Center	X		
2038	Hallmark Health – Lawrence Memorial Hospital		X	See comment.

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2000
ED Final Verification Report Responses

DPH ID	Hospital Name	Verified as Substantially Accurate	Discrepancies Noted	COMMENTS
2058	Hallmark Health – Melrose Wakefield		X	See comment.
2143	Harrington Memorial Hospital		X	See comment.
2034	Health Alliance Hospital	X		
2036	Heywood Hospital	X		
2145	Holyoke Hospital	X		
2157	Hubbard Regional Hospital	X		
2082	Jordan Hospital	X		
2033	Lahey Clinic Burlington	X		
2099	Lawrence General Hospital	X		
2040	Lowell General Hospital	X		Emergency Severity Index (ESI) data is in error and is merely a repetition of Type of Visit. Missing ED physician # thru FY02.
2103	Marlborough Hospital	X		
2042	Martha's Vineyard Hospital	X		
2148	Mary Lane Hospital		X	See comment.
2167	Mass. Eye & Ear	X		
2168	Mass. General		X	See comment.

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2000
ED Final Verification Report Responses

DPH ID	Hospital Name	Verified as Substantially Accurate	Discrepancies Noted	COMMENTS
2149	Mercy Hospital – Springfield		X	See comment.
2131	Merrimack Valley	X		Q4 data only due to system conversion
2020	MetroWest Medical Center – Framingham	X		
2039	MetroWest Medical Center – Leonard Morse	X		
2105	Milford-Whitinsville Hospital		X	See comment.
2227	Milton Hospital	X		
2022	Morton Hospital	X		
2071	Mount Auburn Hospital		X	See comment.
2044	Nantucket Cottage Hospital		X	See comment.
2298	Nashoba Valley Medical Center		X	See comment.
2075	Newton-Wellesley Hospital			No verification response received.
2076	Noble Hospital		X	See comment.
2061	North Adams Regional Hospital	X		
2016	Northeast Health Systems – Addison Gilbert Hospital	X		

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2000
ED Final Verification Report Responses

DPH ID	Hospital Name	Verified as Substantially Accurate	Discrepancies Noted	COMMENTS
2007	Northeast Health Systems – Beverly Hospital	X		
2151	Quincy Hospital	X		
2063	Saints Memorial Medical Center	X		
2014	Salem Hospital		X	See comment.
2107	South Shore Hospital	X		
2337	Southcoast Health Systems – Charlton Memorial Hospital	X		
2010	Southcoast Health Systems – St. Luke's Hospital	X		
2106	Southcoast Health Systems – Tobey	X		
2128	Saint Vincent Hospital	X		
2100	Sturdy Memorial Hospital	X		
2299	Tufts New England Medical Center	X		
2841	UMass. Memorial Medical Center	X		
2073	Union Hospital		X	See comment.

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES
Summary of Hospitals' FY 2000
ED Final Verification Report Responses

DPH ID	Hospital Name	Verified as Substantially Accurate	Discrepancies Noted	COMMENTS
2067	Waltham Hospital		X	See comment.
2094	Winchester Hospital	X		
2181	Wing Memorial Hospital & Medical Center			No data for 2000 due to system change.

Note: Hospitals with no verification were strongly pursued to verify their data. Each hospital was contacted numerous times via telephone and letter and given ample opportunity to respond. As of the cutoff date, however, the Division had not received a verification report from the hospital.

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- Admission Source
- ED Mode of Transport
- Departure Status
- Visit Type
- Emergency Severity Index (ESI)
- Mean Length of Stay (LOS)
- Total ED Visits
- Total Charges
- Top 10 Significant Procedures
- Top 10 Principal Diagnoses
- Top 10 E-Codes
- Primary Payer
- Patient Race
- Patient Age
- Patient Gender
- Patient Zip Code
- Service Site Summary Data

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Admission Source	Mode of Transport	Departure Status	Visit Type	ESI	Mean LOS
Children's Hospital	X	X	X			X
Cooley Dickinson	X	X				
Hallmark – Melrose Wakefield				X	X	
Harrington Hospital	X					
Mary Lane	X	X				
Mass. General Hospital	X					
Mercy Hospital	X		X			
Milford-Whitinsville	X					
Mt. Auburn	X					
Nantucket Cottage			X			X
Nashoba Valley	X					
Noble Hospital	X	X				
Salem Hospital			X	X		
Union Hospital			X	X		
Waltham Hospital	X					

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Total ED Visits	Charges	Top 10 Significant Procedures	Top 10 Principal Diagnoses	Top 10 E-Codes	Payer
Cambridge Health Alliance	X					
Caritas Norwood	X	X				
Mass. General						X
Nantucket Cottage			X	X	X	X

Hospital	Race	Age	Gender	MOSS	Zip Code	Service Site Summary Data
Hallmark – Lawrence						X
Hallmark – Melrose Wakefield						X
Nantucket Cottage	X	X	X			

PART C. HOSPITAL RESPONSES

4. INDEX OF HOSPITALS REPORTING DATA DISCREPANCIES FY2000

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Massachusetts General Hospital	45
Mercy Hospital	46
Milford-Whitinsville Hospital	47
Mt. Auburn Hospital	48
Nantucket Cottage Hospital	49
Nashoba Valley Medical Center	52
Noble Hospital	53
Salem Hospital	54
Union Hospital	55
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PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

CAMBRIDGE HEALTH ALLIANCE

Cambridge Health Alliance noted discrepancies in the area of total visits. For the three quarters FY2000 on the report, total visits should have been 19,614. The report contained only 16,879. This is due to the fact that Psych ED visits were not included in the submission.

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

CARITAS NORWOOD HOSPITAL

Caritas Norwood noted discrepancies in the areas of total visits and total charges. Please see the following table.

FY2000

Quarter	# of Cases	Total Hospital Charges
1	8,089	\$4,112,494
2	8,077	\$4,809,516
3	9,001	\$5,083,635
4	9,304	\$5,077,530

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

CHILDREN'S HOSPITAL

Children's Hospital verified that the verification reports reflected the data submitted to the Division. The hospital also noted the following notes.

1. ED Mean Length of Stay – In Children's Hospital's current system, the discharge time defaults to midnight regardless of when the patient is discharged. This will be corrected with the implementation of a new Patient Accounting System in March 2004.
2. Source of Visits – The stratification of data changed beginning Q3 FY2002. The hospital verified that the data is correct.
3. Mode of Transport – The stratification of data changed beginning Q3 FY2002. The hospital verified that the data is correct.
4. Patient Status – In almost all cases, the hospital used "Routine Discharge".

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

COOLEY DICKINSON HOSPITAL

Cooley Dickinson Hospital reported discrepancies in the areas of Visit Source and Mode of Transport. All records reported Visit Source as “7”. Both problems will be corrected with the implementation of a new system.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HALLMARK HEALTH – LAWRENCE MEMORIAL

Hallmark Health – Lawrence Memorial Campus reported discrepancies in the service site summary report. No further details were provided.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HALLMARK HEALTH – MELROSE/WAKEFIELD

Hallmark Health – Melrose Wakefield Campus reported discrepancies in the service site summary report, and for visit type and emergency severities. The table below contains adjusted figures for the number of Inpatient and Observation patient visits that resulted from an ER visit. Note that the adjusted totals will impact the total registered visits for the ED.

The hospital also noted the following. It appears that the severity of nearly all patients seen with outpatient visits at the Melrose Campus was listed as “Emergency”. Emergency level visits at Melrose averaged 95-99% for all quarters submitted. To date it was the standard process at the Melrose Campus to assign the ‘emergency’ code equivalent to the numeric code ‘1’ to all patients seen in the emergency department. The hospital will be changing that process as of September 2003 to reflect the individual patient’s visit type.

Qtr.	Treatment Beds	OBS Beds	Total ED Beds	Inpatient Visits	Outpt. OBS Visits	Other Outpt. Visits	Total Visits
2	22	0	22	1629	193	7850	9672
3	22	0	22	1678	200	8676	10554
4	22	0	22	1437	189	8904	10530

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HARRINGTON HOSPITAL

Harrington Hospital reported one major discrepancy in the area of Visit Source. The verification report showed a total of 13,586 patients as having been admitted from a source “Outside Hospital ER Transfer”. However, the hospital’s records indicated that these patients were admitted from the source “Walk-In/Self-Referral”.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MARY LANE HOSPITAL

Mary Lane Hospital reported discrepancies in the area of Visit Source and Mode of Transport.

Visit Source: Records coded as Category 7 (Outside Hospital ER Transfer) should have been reported as Category M (Walk-In/Self-Referral) for all four quarters.

Mode of Transport: Records coded as Type 5 (Other) should have been reported as Code 4 (Walk-In) for all four quarters.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MASSACHUSETTS GENERAL HOSPITAL

Massachusetts General Hospital noted two major discrepancies in the areas of Visit Source and Primary Payer. The hospital submitted the following comments:

Visit Source: The means of arrival in the ED is a very specific code noting the ambulance company or the referring practice, etc. These are mapped to the DHCFP codes for ambulance, helicopter, walk-in, etc. Some of the ambulance companies were inadvertently left out of the mapping and were defaulted to other.

Primary Payer: There were a high percentage of cases mapped to OTHER COMMERCIAL primary payers. There was a problem with the mapping of self-pay patients to OTHER COMMERCIAL instead of the self-pay category.

Both issues will be corrected for future submission (FY2003).

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MERCY HOSPITAL

Mercy Hospital noted the following for Departure Status and Source of Visit.

Patient status information for transfers, AMA, and eloped was not available for retrospective data FY2000 & FY2001. These patients were included under routine discharge. The issue has been corrected for future submissions.

Source of Visit was not available for retrospective data FY2000 & FY2001. These patients were erroneously mapped to “within hospital clinic referral”. The issue has been corrected beginning with FY2002.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MILFORD-WHITINSVILLE HOSPITAL

Milford-Whitinsville Hospital reported one discrepancy in the area of Visit Source. Code #7 was used incorrectly. It should have been reported as Code “M”. The error will be corrected for future submissions.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MT. AUBURN HOSPITAL

Mt. Auburn Hospital reported one major discrepancy in the area of Visit Source. One of the admit source data elements was incorrectly mapped, causing the referral source to be inaccurate. Also, the number of physician-referred patients is inaccurate due to the fact that it includes self-referred patients.

The correct data is as follows:

Qtr.	HPHY	HSEL	IPHY	ISEL	OPHY	OSEL
1	7	9	19	5	916	4023
2	11	108	14	0	558	4240
3	3	6	16	2	431	4902
4	6	267	14	5	364	4519
Totals	27	390	63	12	2269	17684

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Nantucket Hospital reported discrepancies in the following areas for FY2000: Top 10 Significant Procedures, Patient Status, Primary Payer, Principal Diagnosis, Visits by Age, Visits by Race, Visits by Gender, Zip Code, and Length of Stay (LOS). The corrected data is set forth in the tables below.

Key:

DHCF&P – Division of Health Care Finance & Policy reported cases.

NCH – Currently compiled data for the FY verification totals

Variance – Number is reported as a negative where the NCH actual is higher than DHCF&P reported. Conversely, (+) variance is indicated where the DHCF&P reported value is higher than the NCH current data #s.

* = additions not listed as part of the DHCF&P reported outcomes

(?) = unable to verify the DHCF&P reported data

Emergency Department FY2000 Variance Notations:

1. ED Reports for FY2000 began with Top 10 E Codes.
2. Top 10 Significant Procedures added two codes. (12002 = 107 cases) & (90471 = +321 cases).

ED Visit Totals

DHCF&P	NCH	Variance
8,132	9,929	-1,794

Top 10 E-Codes

Codes	DHCF&P	NCH	Variance
-	5334	6646	-1312
E9208	286	309	-23
E927	278	345	-67
E9179	256	345	-89
E9064	229	284	-55
E888	216	268	-52
E9289	151	172	-21
E885	131	158	-27
E8261	123	134	-11
E9170	99	134	-35

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL - Continued

Top 10 Significant Procedures

Codes	DHCF&P	NCH	Variance
99283	2618	3903	-1285
99282	1800	2947	-1147
99284	953	1614	-661
99281	642	893	-251
90784	435	580	-145
90782	339	403	-64
12001	175	223	-48
(blank)	140	146	-6
90718	106	354	-248
29515	82	93	-11
*12002	---	107	?
*90471	---	321	?

Patient Status Report

Codes	DHCF&P	NCH	Variance
-	30	88	-58
0 – Died during ED Visit	6	6	0
1 – Routine Discharge	7885	9583	-1698
3 – Transferred to Other Facility	141	177	-36
4 - AMA	19	19	0
6 - Eloped	51	52	-1
8 thru P	0	0	0

Top 20 Primary Payer

Codes	DHCF&P	NCH	Variance
147 – Other Commercial	3174	3641	-467
142 – Blue Cross Indemnity	1945	2318	-373
145 – Self-Pay	1512	2132	-620
121 – Medicare	809	1012	-203
146 – Workers Compensation	330	342	-12
103 – Medicaid (includes MA Health)	301	438	-137
151 – CHAMPUS	41	46	-6
143 – Free Care	20	?	?
153 thru 120	0	0	0
? note (NCH #'s for 145 may include 143)			

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NANTUCKET COTTAGE HOSPITAL

Top 10 Principal Diagnosis by Charges

Codes	DHCF&P	NCH	Variance
5990 – UTI	1	2	-1
84500-Ankle Sprain, NOS	2	1	+1
462 – Acute Pharyngitis	3	3	0
7806-Fever	4	6	-2
3829 – Otitis Media, NOS	5	4	+1
78650-Chest Pain	6	9	-3
8830 – Open Wound of Finger(s)	7	5	+2
78909-Abdominal Pain, NOS	8	10	-2
5589-Noninfection Gastroenteritis	9	7	+2
920-Contusion of Face, Scalp, etc.	10	8	+2

Visits By Age

Codes	DHCF&P	NCH	Variance
0 – 14 years	1759	2126	-367
15 – 24 years	1432	1669	-237
25 – 44 years	2568	3205	-637
45 – 64 years	1502	1857	-355
65+ years	871	1072	-201

Visits By Race

Codes	DHCF&P	NCH	Variance
(blank)	7	9	-2
1 – White	6903	8550	-1647
2 – Black	338	427	-89
3 – Asian680	23	24	-1
4 – Hispanic	126	154	-28
5 – American Indian	0	0	0
6 – Other	78	99	-21
9 - Unknown	657	666	-9

Visits By Gender

Codes	DHCF&P	NCH	Variance
F – Female	4000	4862	-862
M – Male	4131	5067	-936
U – Unknown	1	0	+1

Average Hours of Service

Codes	DHCF&P	NCH	Variance
ED – Mean LOS	1.27	1.23	+0.04

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NASHOBA VALLEY MEDICAL CENTER

Nashoba Valley Medical Center reported one major discrepancy in the area of Visit Source. 99% of the ED visits in FY2000 incorrectly indicated a primary source of visit as “Outside Hospital ER Transfer”. The hospital was unable to resubmit the data due to the fact that it had a different software vendor for FY2000. The hospital intends to consult existing reports in an effort to correct the discrepancies for future submissions.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NOBLE HOSPITAL

Noble Hospital reported discrepancies in the areas of Mode of Transport and Source of Visit. The hospital submitted the following explanation.

September 5, 2003

This is in response to the verification reports we received from [DHCFP] for Quarters 2, 3 and 4 of FY 2000; Quarters 1, 2, 3 & 4 of FY2001; and Quarters 1, 2, 3, & 4 of FY2002. In reviewing these reports, we found that we had some coding discrepancies - more specifically, in the Arrival Mode and the Admission Source areas. We inadvertently never coded the Arrival Mode dictionary, so nothing was ever picked up. Thus, the verification report shows that all of the patients' Arrival Modes were "Unknown", when in reality, the majority of patients were "walk-Ins", with a fair number arriving by "Ambulance". The remainders arrived by "Wheelchair" or "Police".

As for the Admission Source, there was a discrepancy in how the Emergency Room Admitting Clerks selected the Admission Source from the choices given. The clerks chose "ER" as the admission source, not realizing that it had been coded more specifically as "Outside Hospital ER Transfer". We have updated the Admission Source dictionary by eliminating the generic mnemonic "ER". We have also since updated the dictionary mnemonics to include both "Inside Hospital ER Transfer" and "Outside Hospital ER Transfer". It appears that the majority of the Emergency Department patients should have been coded as "Walk-In/Self-Referral", with the remainders coded as "Physician Referral". Per our conversation regarding whether or not we need to resubmit the Emergency Department data for these periods, we understand that we do not have to resubmit these quarters, as long as the future submissions are more accurate. We have informed our Admitting Clerks to choose more carefully from the choices provided in the dictionary, from this point forward. Other than the inconsistencies described here, the rest of the data looks reasonable for those time periods.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SALEM HOSPITAL

Salem Hospital noted discrepancies in the areas of Visit Type and Patient Departure Status.

Visit Type was reported as “Information Unavailable” due to the fact that the hospital uses Emergency Severity Index instead of Visit Type.

Patient Departure Status for patients who were transferred, AMA, or eloped was not available for retrospective data 2000. These patients were included under Routine Discharge.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UNION HOSPITAL

Union Hospital noted discrepancies in the areas of Visit Type, and Patient Departure Status.

Visit Type was reported as “Information Unavailable” due to the fact that the hospital uses Emergency Severity Index instead of Visit Type.

Patient Departure Status for patients who were transferred was not available for retrospective data 2000. These patients were included under Routine Discharge.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

WALTHAM HOSPITAL

Waltham Hospital reported one major discrepancy in the area of Visit Source.

The hospital noted that FY2000 – Retrospective data could not be given to DHCFP without correcting all of the visits. The splitting of Physician and Self-Referral Sources likely occurred after this time. Prior to that they were lumped together. No data was stored for M – Walk-In/Self-Referral. The hospital's best estimate is that Physician Referral totaled approximately .03 percent and the rest of the records were Walk-In/Self-Referral. Thus, corrected numbers would be:

Code	Quarter 2	Quarter 3	Quarter 4
1 – Direct Physician	123	128	131
M – Walk-In/Self	3946	4114	4239

SECTION I. GENERAL DOCUMENTATION

PART D. CAUTIONARY USE HOSPITALS FY2000

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART D. CAUTIONARY USE HOSPITALS

The Emergency Department Visit Database contains all submissions together - both passed and failed submissions - for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. The database file includes a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

The following hospitals are considered cautionary use hospitals for FY2000. They did not submit three quarters of acceptable data for FY2000, as specified under Regulation 114.1 CMR 17.00.

1. Anna Jaques – No retro data for FY2000.
2. Athol Memorial – No retro data for FY2000.
3. Beth Israel Deaconess Needham – No retro data for FY2000.
4. Brigham & Women's – Missing principal diagnosis for all retro data.
5. Brockton Hospital – Submitted Q2 data only.
6. Caritas St. Anne's – Patient demographic data only – no other data such as charges or registration time
7. Lowell General – Missing ED Physician # through FY2002.
8. Merrimack Valley Hospital – Q4 data only
9. Wing Memorial Hospital – No retro data for FY2000.

SECTION I. GENERAL DOCUMENTATION

PART E. HOSPITALS SUBMITTING EMERGENCY DEPARTMENT VISIT DATA FOR FY2000

- 1. List of Hospitals Submitting Data for FY2000**
- 2. Hospitals with No Data Submissions**
- 3. ED Visit Totals and Charges for Hospitals Submitting
Data by Quarter**
- 4. List of Hospitals with No Emergency Department**

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

1. LIST OF HOSPITALS SUBMITTING ED DATA FOR FY2000

Baystate Medical Center
Berkshire Health Systems – Berkshire Medical Center
Beth Israel Deaconess
Boston Medical Center – Harrison Avenue Campus
Brigham & Women’s Hospital
Brockton Hospital
Cable Emergency Center
Cambridge Health Alliance
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Holy Family
Caritas Norwood Hospital
Caritas St. Anne’s
Caritas St. Elizabeth’s
Children’s Hospital
Clinton Hospital
Cooley-Dickinson Hospital
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Franklin Medical Center
Hallmark Health Systems – Lawrence Memorial
Hallmark Health Systems – Melrose Hospital
Harrington Memorial Hospital
Health Alliance Hospital
Heywood Hospital
Holyoke Hospital
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Marlborough Hospital
Martha’s Vineyard Hospital
Mary Lane Hospital

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

1. LIST OF HOSPITALS SUBMITTING ED DATA FOR FY2000 - *Continued*

Massachusetts Eye & Ear Infirmary
Massachusetts General Hospital
Mercy Hospital – Springfield
Merrimack Valley Hospital
MetroWest Medical Center – Framingham
MetroWest Medical Center – Leonard Morse
Milford-Whitinsville Regional Hospital
Milton Hospital
Morton Hospital
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
Northeast Health Systems – Addison Gilbert
Northeast Health Systems – Beverly Hospital
Quincy Medical Center
Saints Memorial Medical Center
Salem Hospital
South Shore Hospital
Southcoast Health Systems – Charlton
Southcoast Health Systems – St. Luke's
Southcoast Health Systems – Tobey
Saint Vincent Hospital
Sturdy Memorial Hospital
Tufts New England Medical Center
UMass. Memorial Medical Center
Union Hospital
Waltham Hospital
Winchester Hospital

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

2. LIST OF HOSPITALS WITH NO ED DATA FOR FY2000

The following hospitals did not submit emergency department data for FY2000:

Anna Jaques
Athol Memorial
Beth Israel – Needham
Wing Memorial Hospital

Note:

Brockton Hospital submitted Q2 data only.
Merrimack Valley submitted Q4 data only.

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

**3. ED VISIT TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA
– BY QUARTER**

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
2	Baystate Medical Center	2339	17712	\$10,759,469
3	Baystate Medical Center		19080	\$12,023,451
4	Baystate Medical Center		19477	\$12,155,145
2	Berkshire Health Systems – Berkshire	2313	9817	\$4,372,925
3	Berkshire Health Systems – Berkshire		10606	\$4,602,351
4	Berkshire Health Systems – Berkshire		12127	\$5,413,325
2	Beth Israel Deaconess Medical Center	2069	8690	\$11,012,820
3	Beth Israel Deaconess Medical Center		9078	\$12,780,792
4	Beth Israel Deaconess Medical Center		9328	\$12,930,941
2	Boston Medical Center – Harrison Ave.	2307	17798	\$8,301,970
3	Boston Medical Center – Harrison Ave.		18381	\$8,739,463
4	Boston Medical Center – Harrison Ave.		18797	\$8,914,607
2	Brigham & Women's Hospital	2921	9949	\$7,085,002
3	Brigham & Women's Hospital		10294	\$6,846,202
4	Brigham & Women's Hospital		10292	\$6,934,298
2	Brockton Hospital	2118	13064	\$7,191,449
2	Cable Emergency Center		916	\$368,709
3	Cable Emergency Center		1149	\$478,987
4	Cable Emergency Center		1196	\$488,955
2	Cambridge Health All. - Cambridge	2108	8444	\$3,140,902
3	Cambridge Health All. - Cambridge		9037	\$3,301,348
4	Cambridge Health All. - Cambridge		9440	\$3,588,617
2	Cambridge Health Alliance-Whidden	2108	5445	\$2,275,839
3	Cambridge Health Alliance-Whidden		5708	\$2,427,687
4	Cambridge Health Alliance-Whiteen		5726	\$2,676,318
2	Cape Cod Hospital	2135	12575	\$4,096,071
3	Cape Cod Hospital		15008	\$5,224,488
4	Cape Cod Hospital		18616	\$7,039,835
2	Caritas Carney Hospital	2003	5945	\$2,972,694
3	Caritas Carney Hospital		6388	\$3,173,320
4	Caritas Carney Hospital		6260	\$3,187,213
2	Caritas Good Samaritan Medical Ctr.	2101	10180	\$4,645,157
3	Caritas Good Samaritan Medical Ctr.		10599	\$4,845,523
4	Caritas Good Samaritan Medical Ctr.		11805	\$5,149,456
2	Caritas Holy Family Hospital	2225	8456	\$3,080,973
3	Caritas Holy Family Hospital		8784	\$3,454,334
4	Caritas Holy Family Hospital		8662	\$3,917,023

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
2	Caritas Norwood Hospital	2114	10289	\$5,045,364
3	Caritas Norwood Hospital		9494	\$4,638,214
4	Caritas Norwood Hospital		8112	\$3,740,405
2	Caritas St. Anne's Hospital	2011	7461	\$0
3	Caritas St. Anne's Hospital		7399	\$0
4	Caritas St. Anne's Hospital		7646	\$2,648,954
2	Caritas St. Elizabeth's Hospital	2085	3821	\$717,447
3	Caritas St. Elizabeth's Hospital		3935	\$194,508
4	Caritas St. Elizabeth's Hospital		3042	\$2,390,162
2	Children's Hospital	2139	10597	\$5,109,798
3	Children's Hospital		10299	\$4,883,236
4	Children's Hospital		8305	\$4,228,801
2	Clinton Hospital	2126	1836	\$873,846
3	Clinton Hospital		2167	\$937,867
4	Clinton Hospital		2186	\$1,052,267
2	Cooley Dickinson Hospital	2155	6117	\$2,215,046
3	Cooley Dickinson Hospital		6830	\$1,970,768
4	Cooley Dickinson Hospital		7220	\$1,887,138
2	Emerson Hospital	2018	5801	\$2,981,553
3	Emerson Hospital		6331	\$3,082,546
4	Emerson Hospital		6511	\$3,090,425
2	Fairview Hospital	2052	2218	\$806,867
3	Fairview Hospital		2470	\$862,604
4	Fairview Hospital		3165	\$1,076,806
2	Falmouth Hospital	2289	5410	\$2,246,873
3	Falmouth Hospital		6605	\$2,828,923
4	Falmouth Hospital		8602	\$3,695,123
2	Faulkner Hospital	2048	4818	\$2,434,416
3	Faulkner Hospital		4879	\$2,593,085
4	Faulkner Hospital		5131	\$2,733,231
2	Franklin Medical Center	2120	4008	\$2,333,928
3	Franklin Medical Center		4385	\$2,622,234
4	Franklin Medical Center		4688	\$2,806,905
2	Hallmark Health – Lawrence Memorial	2038	3714	\$1,214,452
3	Hallmark Health – Lawrence Memorial		3697	\$1,227,091
4	Hallmark Health – Lawrence Memorial		3801	\$1,426,426
2	Hallmark Health – Melrose Hospital	2058	7850	\$2,019,819
3	Hallmark Health – Melrose Hospital		8676	\$2,656,724
4	Hallmark Health – Melrose Hospital		8904	\$3,343,415
2	Harrington Memorial Hospital	2143	4114	\$1,554,504
3	Harrington Memorial Hospital		4615	\$1,717,844
4	Harrington Memorial Hospital		5103	\$1,894,645
2	Health Alliance Hospital	2034	2254	\$539,686
3	Health Alliance Hospital		3329	\$814,123
4	Health Alliance Hospital		6698	\$1,756,041

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
2	Heywood Hospital	2036	4526	\$2,427,756
3	Heywood Hospital		4834	\$2,487,408
4	Heywood Hospital		4813	\$3,005,444
2	Holyoke Hospital	2145	6248	\$2,270,623
3	Holyoke Hospital		6970	\$2,496,694
4	Holyoke Hospital		6848	\$2,603,396
2	Hubbard Regional Hospital	2157	2477	\$1,628,268
3	Hubbard Regional Hospital		2713	\$1,757,482
4	Hubbard Regional Hospital		2790	\$1,823,549
2	Jordan Hospital	2082	8403	\$3,608,157
3	Jordan Hospital		9090	\$3,972,673
4	Jordan Hospital		9820	\$4,166,715
2	Lahey Clinic Burlington	2033	11753	\$4,461,784
3	Lahey Clinic Burlington		12618	\$5,239,057
4	Lahey Clinic Burlington		13269	\$5,731,065
2	Lawrence General Hospital	2099	10657	\$5,892,419
3	Lawrence General Hospital		9866	\$5,675,093
4	Lawrence General Hospital		11337	\$6,322,258
2	Lowell General Hospital	2040	9691	\$11,049
3	Lowell General Hospital		9805	\$9,420
4	Lowell General Hospital		9798	\$27,406
2	Marlborough Hospital	2103	5435	\$2,785,069
3	Marlborough Hospital		5835	\$3,394,623
4	Marlborough Hospital		6007	\$3,460,440
2	Martha's Vineyard Hospital	2042	2138	\$950,897
3	Martha's Vineyard Hospital		3080	\$1,360,158
4	Martha's Vineyard Hospital		5108	\$2,364,146
2	Mary Lane Hospital	2148	3166	\$1,701,589
3	Mary Lane Hospital		3619	\$1,968,364
4	Mary Lane Hospital		3546	\$1,959,758
2	Mass. Eye & Ear Infirmary	2167	2312	\$528,231
3	Mass. Eye & Ear Infirmary		2767	\$654,133
4	Mass. Eye & Ear Infirmary		2849	\$691,415
2	Massachusetts General Hospital	2168	9830	\$9,568,397
3	Massachusetts General Hospital		9160	\$7,955,568
4	Massachusetts General Hospital		6740	\$4,745,700
2	Mercy Hospital - Springfield	2149	7467	\$4,037,088
3	Mercy Hospital - Springfield		8343	\$4,448,120
4	Mercy Hospital - Springfield		8161	\$4,018,702
4	Merrimack Valley Hospital	2131	5768	\$2,239,595
2	MetroWest Medical Ctr. - Framingham	2020	10997	\$5,012,959
3	MetroWest Medical Ctr. - Framingham		11346	\$5,395,505
4	MetroWest Medical Ctr. - Framingham		11357	\$5,767,375
2	MetroWest Med. Ctr. – Leonard Morse	2039	3349	\$1,638,435
3	MetroWest Med. Ctr. – Leonard Morse		3639	\$1,804,363
4	MetroWest Med. Ctr. – Leonard Morse		3850	\$1,951,618

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
2	Milford-Whitinsville Regional Hospital	2105	6372	\$5,158,914
3	Milford-Whitinsville Regional Hospital		7083	\$5,526,033
4	Milford-Whitinsville Regional Hospital		7712	\$5,417,754
2	Milton Hospital	2227	3176	\$1,267,774
3	Milton Hospital		3515	\$1,292,898
4	Milton Hospital		3637	\$1,302,406
2	Morton Hospital	2022	11029	\$5,631,160
3	Morton Hospital		11253	\$6,231,024
4	Morton Hospital		11416	\$6,296,561
2	Mount Auburn Hospital	2071	4632	\$2,456,326
3	Mount Auburn Hospital		5055	\$2,635,006
4	Mount Auburn Hospital		5057	\$2,674,035
2	Nantucket Cottage Hospital	2044	1242	\$386,914
3	Nantucket Cottage Hospital		2221	\$693,908
4	Nantucket Cottage Hospital		4669	\$1,283,995
2	Nashoba Valley Hospital	2298	3025	\$1,208,391
3	Nashoba Valley Hospital		3230	\$1,252,989
4	Nashoba Valley Hospital		3232	\$1,240,471
2	Newton-Wellesley Hospital	2075	6919	\$3,447,065
3	Newton-Wellesley Hospital		7524	\$3,798,318
4	Newton-Wellesley Hospital		7538	\$4,112,393
2	Noble Hospital	2076	4810	\$1,652,465
3	Noble Hospital		5489	\$1,828,539
4	Noble Hospital		5548	\$1,862,121
2	North Adams Regional Hospital	2061	3941	\$1,363,525
3	North Adams Regional Hospital		4372	\$1,558,475
4	North Adams Regional Hospital		4576	\$1,610,767
2	Northeast Health – Addison Gilbert	2016	2703	\$1,364,608
3	Northeast Health – Addison Gilbert		3067	\$1,538,639
4	Northeast Health – Addison Gilbert		3541	\$1,866,948
2	Northeast Health – Beverly	2007	6245	\$3,338,125
3	Northeast Health – Beverly		6831	\$3,745,483
4	Northeast Health – Beverly		7118	\$4,057,513
2	Quincy Hospital	2151	5692	\$2,120,632
3	Quincy Hospital		5930	\$2,339,678
4	Quincy Hospital		6175	\$2,530,376
2	Saints Memorial Medical Center	2063	10560	\$3,760,178
3	Saints Memorial Medical Center		10586	\$3,725,870
4	Saints Memorial Medical Center		10838	\$3,729,212
2	Salem Hospital	2014	10509	\$3,983,784
3	Salem Hospital		11381	\$4,353,861
4	Salem Hospital		11573	\$4,534,179
2	South Shore Hospital	2107	14894	\$5,298,943
3	South Shore Hospital		15822	\$5,360,458
4	South Shore Hospital		16148	\$4,427,376
2	Southcoast Health - Charlton	2337	12733	\$4,899,592
3	Southcoast Health - Charlton		13142	\$5,085,219
4	Southcoast Health - Charlton		13674	\$6,071,343

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	DPH #	Total Discharges	Total Charges
2	Southcoast – St. Luke’s	2010	14491	\$5,396,054
3	Southcoast – St. Luke’s		15106	\$5,568,279
4	Southcoast – St. Luke’s		15125	\$5,972,608
2	Southcoast - Tobey	2106	4726	\$1,775,231
3	Southcoast - Tobey		5085	\$1,902,137
4	Southcoast - Tobey		5901	\$2,328,456
2	Saint Vincent Hospital	2128	4497	\$5,063,878
3	Saint Vincent Hospital		6473	\$7,685,791
4	Saint Vincent Hospital		7600	\$9,526,000
2	Sturdy Memorial Hospital	2100	8128	\$3,854,417
3	Sturdy Memorial Hospital		8587	\$4,140,335
4	Sturdy Memorial Hospital		9138	\$4,602,620
2	Tufts New England Medical Center	2299	8558	\$3,738,548
3	Tufts New England Medical Center		8899	\$3,917,288
4	Tufts New England Medical Center		9464	\$4,045,971
2	UMass. Memorial Medical Center	2841	22229	\$14,185,064
3	UMass. Memorial Medical Center		23761	\$14,919,164
4	UMass. Memorial Medical Center		23469	\$14,811,939
2	Union Hospital	2073	5782	\$3,233,975
3	Union Hospital		6217	\$3,370,519
4	Union Hospital		6324	\$3,660,414
2	Waltham Hospital	2067	4267	\$2,194,849
3	Waltham Hospital		4491	\$2,231,174
4	Waltham Hospital		4606	\$2,379,628
2	Winchester Hospital	2094	11072	\$4,294,779
3	Winchester Hospital		11830	\$5,094,473
4	Winchester Hospital		11409	4,959,272
	TOTALS		1,568,224	\$750,686,840
			Total Discharges	Total Charges

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART E. HOSPITALS SUBMITTING ED VISIT DATA FOR FY2000

4. Hospitals With No Emergency Department FY2000

The following hospitals did not provide emergency services during FY2000.

Hospital Name	Comments
Caritas Norcap Lodge	Did not provide emergency services for FY2000.
Dana Farber Cancer Center	Did not provide emergency services for FY2000.
Kindred Hospital – Boston	Did not provide emergency services for FY2000.
Kindred Hospital – North Shore	Did not provide emergency services for FY2000.
New England Baptist Hospital	Did not provide emergency services for FY2000.

SECTION I. GENERAL DOCUMENTATION

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Table of ED Data Field Names, Field Descriptions,
and Error Type (A or B)

Supplement II

List of Type A and Type B Errors

Supplement III

Content of Hospital Verification Report Package

Supplement IV

Hospital Addresses

Supplement V

Hospital DPH ID, ORG ID, Hospital Service Site ID

Supplement VI

Alphabetical Source of Payment List

Supplement VII

Numerical Source of Payment List

Supplement VIII

Mergers, Name Changes, Closures, Conversions & Non-
Acute Care Hospitals

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
1	Record Type	Indicator for Record Type '10', '20', '21', '60', '94', or '95'	A
2	DHCFP Organization ID for Provider	MA DHCFP assigned Organization ID to the provider filing the submission	A
3	Department of Public Health Number for Provider (DPH#)	Number assigned by DPH and agreed to by the hospital and the DHCFP as the filing number for the hospital filing the submission.	A
4	Provider Name	Name of provider submitting this batch of ED visits.	A
5	Provider Address	Mailing address of provider – Address	Not an error type
6	Provider City	Mailing address of provider – City	Not an error type
7	Provider State	Mailing address of provider – State	Not an error type
8	Provider Zip Code	Mailing address of provider – Zip Code	Not an error type
9	Period Starting Date	Valid quarter begin date	A
10	Period Ending Date	Valid quarter end date	A
11	Processing Date	Date provider prepares file	A
12	File Reference Number	Inventory number of the file as assigned by the provider	Not an error type
13	Hospital Service Site Number	Designated DHCFP Organization ID Number for the site of service where the ED visit occurred.	A
14	Unique Health Information Number (UHIN)	Patient's encrypted Social Security Number	A
15	Medical Record Number	Patient's hospital Medical Record Number	A
16	Billing Number	Hospital billing number for patient	A
17	Mother's Unique Health Information Number (UHIN)	Mother's encrypted social security number for infants up to one year old or less	B
18	Medicaid Claim Certificate Number	Medicaid Claim Certificate Number, also referred to as the Medicaid Recipient ID#	A
19	Date of Birth	Patient's date of birth	A
20	Sex	Patient's sex	A
21	Race	Patient's race	B
22	Zip Code	Patient's residential 5-digit zip code	B
23	Zip Code Extension	Patient's residential 4-digit zip code extension	Not an error type
24	Registration Date	Date of patient's registration in the ED	A
25	Registration Time	Time of patient's registration in the ED	A
26	Discharge Date	Date patient leaves the ED.	W until 10/1/02 (A) *

General Documentation
Fiscal Year 2000 Emergency Department Visit Data Base

PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
27	Discharge Time	Time patient actually leaves the ED at the conclusion of the visit	W until 10/1/02 (B) *
28	Type of Visit	Patient's type of visit	B
29	Source of Visit	Originating, referring, transferring source of ED visit	B
30	Secondary Source of Visit	Secondary referring or transferring source of ED visit	B
31	Departure Status	A code indicating patient's status as of the Discharge Date and Time	A
32	Primary Source of Payment	Patient's expected primary source of payment	A
33	Secondary Source of Payment	Patient's expected secondary source of payment	A
34	Charges	Grand total of all charges associated with the patient's ED visit (rounded to the nearest dollar)	A
35	Other Physician Number	Encrypted physician's state license number (BORIM#) for physician other than the ED physician who provided services related to the patient's visit. Mass. Board of Registration in Medicine license number (BORIM#), or "DENSG", "PODTR", "OTHER", or "MIDWIF" or Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), or Midwife, respectively	B
36	ED Physician Number	Encrypted physician for physician who had primary responsibility for the patient's care in the ED. Mass. Board of Registration in Medicine license number (BORIM#), or "DENSG", "PODTR", "OTHER", or "MIDWIF" or Dental Surgeon, Podiatrist, Other (i.e., non-permanent licensed physicians), or Midwife, respectively	B
37	Other Caregiver Code	Other caregiver with significant responsibility for patient's care	B
38	Principal Diagnosis Code	Patient's Principal Diagnosis (ICD-9-CM Principal Diagnosis excluding decimal point)	A
39	Associated Diagnosis Codes 1-5	Patient's first, second, third, fourth and fifth associated diagnosis codes (ICD-9 Associated Diagnosis 1, 2, 3, 4 & 5 excluding decimal point)	A

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PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
40	Principal Procedure Code	Patient's principal significant procedure as reported in FL 80 of the UB-92. ICD-9-CM code excluding decimal point or CPT code as indicated in the Procedure Code Type field in the patient's record.	A
41	Associated Significant Procedures 1-3	Patient's first, second and third associated procedure codes as reported in FL 81 of the UB-92. ICD-9-CM code excluding decimal point or CPT code as indicated in the Procedure Code Type field in the patient's record.	A
42	Emergency Severity Index	Emergency Severity Index	B
43	Principal E-Code	Principal E-Code (External Cause of Injury Code)	A
44	Procedure Code Type	Coding system used to report Principal and Associated Significant Procedures in the patient's record. 4 = CPT-4; 9 = ICD-9-CM.	A
45	Transport	Patient's Mode of Transport to the ED	A
46	Ambulance Run Sheet Number	EMS (Ambulance) Run Sheet Number	W until 10/1/02 (A) *
47	Homeless Indicator	Indicates whether the patient is known to be homeless	W until 10/1/02 (A) *
48	Stated Reason for Visit	Patient's stated reason for visit or chief complaint (text narrative)	W until 10/1/02 (A) *
49	Service Line Item	Patient's Service provided (line item detail): valid CPT or HCPCS code, as reported in FL 44 of the UB-92 claim	B
50	Number of ED Treatment Beds at Site	Number of ED beds on the last day of the reporting period	A
51	Number of ED-based Observation beds at Site	Number of Observation Beds on the last day of the reporting period	A
52	Total Number of ED-based beds at site	Combined total number of ED beds and ED-based observation beds	A
53	ED Visits – Admitted to Inpatient at Site	Total number of registered ED visits occurring during the reporting period that resulted in inpatient admission (whether preceded by an observation stay or not).	A
54	ED Visits – Admitted to Outpatient Observation at site	Total number of registered ED visits occurring during the reporting period that resulted in admission to outpatient observation, but not inpatient admission.	A

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PART F. SUPPLEMENTARY INFORMATION

SUPPLEMENT I. TABLE OF FIELD NAMES, DESCRIPTIONS, ERROR TYPE

#	FIELD NAME	DESCRIPTION	ERROR TYPE
55	ED Visits – All Other Outpatient ED Visits at Site	Total number of registered ED visits occurring during the reporting period that had a disposition other than admission to outpatient observation and/or inpatient care	A
56	ED Visits – Total Registered at Site	Total number of all registered ED visits occurring during the reporting period, regardless of disposition	A
57	End of Record Indicator	Denotes end of list in Hospital Service Site Summary record.	A
58	Group Element: Site Summaries 2-4	Additional Site Summary Data for the same Provider Submission.	Not an error type
59	Number of Outpatient ED Visits	A count of the number of record type 20 entries for this provider filing	A
60	Total Charges for Batch	Sum of Charges entered in RT 20, field 24 (Charges)	A

* This is a required field and must be present as of 10/1/02.

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SUPPLEMENT II. LIST OF TYPE ‘A’ AND TYPE ‘B’ ERRORS

TYPE ‘A’ ERRORS:

Record Type
DHCFP Organization ID for provider
DPH Number for Provider
Provider Name
Period Starting Date
Period Ending Date
Processing Date
Hospital Service Site Reference
Social Security Number
Medical Record Number
Billing Number
Medicaid Claim Certificate Number
Patient Birth Date
Patient Sex
Registration Date
Registration Time
Discharge Date (effective 10/1/02)
Departure Status
Primary Source of Payment
Secondary Source of Payment
Charges
Principal Diagnosis Code
Associate Diagnosis Code (I-V)
Principal Procedure Code
Associate Significant Procedure I
Associate Significant Procedure II
Associate Significant Procedure III
Principal E-Code
Procedure Code Type
Transport
Ambulance Run Sheet Number (delayed indefinitely)
Medical Record Number
Stated Reason for Visit (effective 10/1/02)
End of Line Items Indicator
Number of ED Treatment Beds at Site
Number of ED-based Observation Beds at Site
Total Number of ED-based Beds at Site

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SUPPLEMENT II. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS – Continued:

- ED Visits – Admitted to Inpatient at Site
- ED Visits – Admitted to Outpatient Observation at Site
- ED Visits – All Other Outpatient ED Visits at Site
- ED Visits – Total Registered at Site
- End of Record Indicator
- Number of Outpatient ED Visits
- Total Charges for Batch

TYPE 'B' ERRORS:

- Mother's Social Security Number
- Patient Race
- Patient Zip Code
- Discharge Time (effective 10/1/02)
- Type of Visit
- Source of Visit
- Secondary Source of Visit
- Other Physician Number
- ED Physician Number
- Other Caregiver Code
- Emergency Severity Index
- Homeless Indicator (effective 10/1/02)
- Service Line Item

SUPPLEMENT III. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The Hospital Verification Report includes the following frequency distribution tables:

- Visits by Quarter
- Visit Types and Emergency Severities
- Source of Visits
- Mode of Transport
- Top 10 Principal Diagnosis by Number of Visits
- Top 10 Principal E-Codes by Number of Visits
- Top 10 Significant Procedures by Number of Visits
- Number of Diagnosis per Visit
- Patient Status
- Top 20 Primary Payers by Number of Visits
- Top 10 Principal Diagnosis by Charges
- Visits by Age
- Visits by Race
- Visits by Gender
- Top 20 Patient ZIP Codes by Number of Visits
- Homeless Indicator
- Average Hours of Service and Charges
- Service Site Summary – includes # of treatment beds, # of observation beds, total ED beds, inpatient visits, outpatient observation visits, % outpatient observation visits, other observation visits, % of other outpatient visits, total registered visits

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SUPPLEMENT IV. HOSPITAL ADDRESSES

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950	Athol Memorial Hospital 2033 Main Street Athol, MA 01331
Baystate Medical Center 3601 Main Street Springfield, MA 01107-1116	Berkshire Health Systems Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201
Berkshire Health Systems – Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201	Beth Israel Deaconess Medical Center 330 Brookline Avenue Boston, MA 02215
Beth Israel Deaconess Medical Center – Needham 148 Chestnut Street Needham, MA 02192	Boston Medical Center – Harrison Ave. Campus 88 East Newton Street Boston, MA 02118
Brigham & Women’s Hospital 75 Francis Street Boston, MA 02115	Brockton Hospital 680 Centre Street Brockton, MA 02402
Cambridge Health Alliance Cambridge & Somerville 65 Beacon Street Somerville, MA 02143	Cape Cod Hospital 27 Park Street Hyannis, MA 02601
Caritas Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124	Caritas Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02301
Caritas Holy Family Hospital 70 East Street Methuen, MA 01844	Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062
Caritas St. Anne’s Hospital 795 Middle Street Fall River, MA 02721	Caritas St. Elizabeth’s Medical Center 736 Cambridge Street Brighton, MA 02135

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SUPPLEMENT IV. HOSPITAL ADDRESSES

Children's Hospital 300 Longwood Avenue Boston, MA 02115	Clinton Hospital 201 Highland Street Clinton, MA 01510
Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001	Dana Farber Cancer Center 44 Binney Street Boston, MA 02115
Emerson Hospital Route 2 Concord, NH 01742	Fairview Hospital 29 Lewis Avenue Great Barrington, MA 01230
Falmouth Hospital 100 Ter Heun Drive Falmouth, MA 02540	Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130
Franklin Medical Center 164 High Street Greenfield, MA 01301	Hallmark Health Care – Lawrence Memorial Campus 170 Governors Avenue Medford, MA 02155
Hallmark Health Care – Melrose- Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176	Harrington Memorial Hospital 100 South Street Southbridge, MA 01550
Health Alliance Hospitals, Inc. 60 Hospital Road Leominster, MA 01453-8004	Heywood Hospital 242 Green Street Gardner, MA 01440
Holyoke Hospital 575 Beech Street Holyoke, MA 01040	Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570
Jordan Hospital 275 Sandwich Street Plymouth, MA 02360	Lahey Clinic – Burlington Campus 41 Mall Road Burlington, MA 01805

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SUPPLEMENT IV. HOSPITAL ADDRESSES

Lawrence General Hospital One General Street Lawrence, MA 01842-0389	Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854
Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981	Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557
Mary Lane Hospital 85 South Street Ware, MA 01082	Massachusetts General Hospital 55 Fruit Street Boston, MA 02114
Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114-3096	Mercy Hospital 271 Carew Street Springfield, MA 01102
Merrimack Valley Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798	MetroWest Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701
MetroWest Medical Center Leonard Morse Campus 67 Union Street Natick, MA 01760	Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757
Milton Hospital 92 Highland Street Milton, MA 02186	Morton Hospital & Medical Center 88 Washington Street Taunton, MA 02780
Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238	Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554
Nashoba Valley Medical Center 200 Groton Road Ayer, MA 01432	New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120

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SUPPLEMENT IV. HOSPITAL ADDRESSES

Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162	Noble Hospital 115 West Silver Street Westfield, MA 01086
North Adams Regional Hospital Hospital Avenue North Adams, MA 01247	North Shore Medical Center – Salem 81 Highland Avenue Salem, MA 01970
North Shore Medical Center – Union 500 Lynnfield Street Lynn, MA 01904-1424	Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930
Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915	Providence Hospital 1233 Main Street Holyoke, MA 01040
Quincy Medical Center 114 Whitwell Street Quincy, MA 02169	Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852
Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720	Southcoast Health Systems – St. Luke's Hospital 101 Page Street New Bedford, MA 02740
Southcoast Health Systems – Tobey Hospital 43 High Street Wareham, MA 02571	Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604
South Shore Hospital 55 Fogg Road South Weymouth, MA 02190	Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703
Tufts New England Medical Center 750 Washington Street Boston, MA 02111	University of Massachusetts Memorial Health Care – Memorial Medical Center 120 Front Street Worcester, MA 01608

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SUPPLEMENT IV. HOSPITAL ADDRESSES

Waltham Hospital Hope Avenue Waltham, MA 02254	Winchester Hospital 41 Highland Avenue Winchester, MA 01890
Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187	

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SUPPLEMENT V.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Anna Jaques Hospital	1	2006	
Athol Hospital	2	2226	
Baystate Medical Center	4	2339	
Berkshire Health Systems – Berkshire Medical Campus	7	2313	7
Berkshire Health Systems – Hillcrest Hospital Campus	9	2231	9
Beth Israel Deaconess	10	2069	
Beth Israel Deaconess – Needham	53	2054	
Boston Medical Center – Harrison Avenue Campus	16	2307	16
Boston Medical Center – East Newton Street Campus	144	2307	144
Brigham & Women’s	22	2921	
Brockton Hospital	25	2118	
Cable Emergency Center	3118		
Cambridge Health Alliance – Cambridge Campus	27	2108	27
Cambridge Health Alliance – Somerville Campus	143	2108	143
Cambridge Health Alliance – Whidden Memorial Campus	142	2108	142
Cape Cod Health System – Cape Cod Hospital	39	2135	
Cape Cod health System – Falmouth Hospital	40	2289	
Caritas Carney Hospital	42	2003	
Caritas Good Samaritan Medical Center	62	2101	
Caritas Holy Family Hospital	75	2225	
Caritas Norwood Hospital	41	2114	
Caritas St. Anne’s Hospital	114	2011	
Caritas St. Elizabeth’s Hospital	126	2085	

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SUPPLEMENT V.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Children's Hospital	46	2139	
Clinton Hospital	132	2126	
Cooley-Dickinson Hospital	50	2155	
Dana Farber Cancer Center	51	2335	
Emerson Hospital	57	2018	
Fairview Hospital	8	2052	
Faulkner Hospital	59	2048	
Franklin Medical Center	5	2120	
Hallmark Health Systems – Lawrence Memorial Campus	66	2038	
Hallmark Health Systems – Melrose Wakefield Campus	141	2058	
Harrington Memorial Hospital	68	2143	
Health Alliance Hospital	71	2034	
Heywood Hospital	73	2036	
Holyoke Hospital	77	2145	
Hubbard Regional Hospital	78	2157	
Jordan Hospital	79	2082	
Lahey Clinic – Burlington Campus	81	2033	81
Lahey Clinic – North Shore Campus	4448	2033	4448
Lawrence General Hospital	83	2099	
Lowell General Hospital	85	2040	
Marlborough Hospital	133	2103	
Martha's Vineyard Hospital	88	2042	
Mary Lane Hospital	6	2148	
Massachusetts Eye & Ear	89	2167	
Massachusetts General Hospital	91	2168	
Mercy Hospital – Springfield		2150	
Merrimack Valley Hospital	70	2131	
MetroWest – Framingham	49	2020	
MetroWest – Leonard Morse	457	2039	
Milford-Whitinsville Hospital	97	2105	
Milton Hospital	98	2227	

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SUPPLEMENT V.

DPH ID, ORG ID & FACILITY SITE ID NUMBERS

Current Organization Name	Organization ID	DPH ID	Facility Site ID
Morton Hospital	99	2022	
Mount Auburn Hospital	100	2071	
Nantucket Cottage	101	2044	
Nashoba Valley Community	52	2298	
New England Baptist Hospital	103	2059	
Newton Wellesley Hospital	105	2075	
Noble Hospital	106	2076	
North Adams Regional Hospital	107	2061	
Northeast – Addison Gilbert	109	2016	
Northeast – Beverly	110	2007	
Quincy Medical Center	112	2151	
Saints Memorial Medical Center	115	2063	
Salem Hospital	116	2014	
Southcoast Health Systems – Charlton Memorial	123	2337	
Southcoast Health Systems – St. Luke's	124	2010	
Southcoast Health Systems – Tobey Hospital	145	2106	
South Shore Hospital	122	2107	
Saint Vincent Hospital	127	2128	
Sturdy Memorial Hospital	129	2100	
Tufts New England Medical Center	104	2299	
UMass. Health – Memorial Hospital Campus	130	2841	130
UMass. Health – UMass. Medical Center Campus	131	2841	131
Union Hospital	3	2073	
Waltham Hospital	54	2067	
Winchester Hospital	138	2094	
Wing Memorial Hospital	139	2181	

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM

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SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice-PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

***Please list under the specific carrier when possible

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**SUPPLEMENT VI.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997**

**SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY**

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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NUMERICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

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**SUPPLEMENT VII.
NUMERICAL SOURCE OF PAYMENT LIST
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**SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY**

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Berkshire Medical Center Hillcrest Hosp. & Fairview Hosp.	Berkshire Health System	July 1996
Beth Israel Hospital N.E. Deaconess Hospital	Beth Israel Deaconess Medical Center	October 1996
Boston University Medical Center Boston City Hospital Boston Specialty/Rehab	Boston Medical Center Corporation	July 1996
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – As of July 2001, included Cambridge, Somerville, Whidden, & Malden’s 42 Psych beds. Malden now closed. Please note that Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility’s discharges.	July 1996
Hallmark Health – Malden Hospital	Cambridge Health Alliance – Malden’s 42 Psych beds	April 2001 – Now Closed
Hallmark Health – Whidden Memorial Hospital	Cambridge Health Alliance – Whidden Memorial	July 2001
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Systems	January 1996
Cardinal Cushing General Hospital Goddard Memorial Hospital	Good Samaritan Medical Center	October 1993
Lawrence Memorial Hospital, Malden Hospital, and Unicare Health Systems (Melrose-Wakefield and Whidden Memorial Hospital)	Hallmark Health Systems, Inc. – As of July 2001 included just Lawrence Memorial and Melrose Wakefield	October 1997
Burbank Hospital & Leominster Hospital	Health Alliance, Inc.	November 1994

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Holden District Hospital Worcester Hahnemann Hospital Worcester Memorial Hospital	Medical Center of Central Massachusetts	October 1989
Mercy Hospital Providence Hospital	Sisters of Providence	June 1997
Leonard Morse Hospital Framingham Union Hospital	MetroWest Medical Center	January 1992
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	October 1996
Salem Hospital North Shore Children's Hospital	North Shore Medical Center	April 1988
St. John's Hospital St. Joseph's Hospital	Saints Memorial Medical Center	October 1992
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	June 1996
Memorial Health Care University of Mass. Medical Center	UMass. / Memorial Medical Center	April 1999
Melrose-Wakefield Hospital Whidden Memorial Hospital	Unicare Health Systems	July 1996

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Beth Israel Hospital New England Deaconess Hospital	Beth Israel Deaconess Medical Center	
Glover Memorial Hospital Deaconess-Glover Hospital	Beth Israel Deaconess – Needham	July 2002
Boston City Hospital University Hospital	Boston Medical Center – Harrison Avenue Campus	
New England Memorial Hospital	Boston Regional Medical Center	Now Closed.
Cambridge Hospital Somerville Hospital	Cambridge Health Alliance – now includes Cambridge, Somerville & Whidden	
Hallmark Health Systems – Malden & Whidden	Cambridge Health Alliance – Malden & Whidden	Malden now closed.
Cape Cod Hospital Falmouth Hospital	Cape Cod Health Care Systems	
Cardinal Cushing Hospital Goddard Memorial Hospital	Caritas Good Samaritan Medical Center	
Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	
St. Elizabeth's Medical Center	Caritas St. Elizabeth's Medical Center	
Lawrence Memorial Hospital Melrose-Wakefield Hospital	Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose- Wakefield Hospital	

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Bon Secours Hospital	Holy Family Hospital	
Vencor Hospitals – Boston & North Shore	Kindred Hospitals – Boston & North Shore	
Lahey Hitchcock Clinic	Lahey Clinic Hospital	
Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	
Haverhill Municipal (Hale) Hospital	Merrimack Valley Hospital	Essent Health Care purchased this facility in September 2001
Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	Nashoba Valley Hospital	January 2003
Beverly Hospital Addison Gilbert Hospital	Northeast Health Systems	
Salem Hospital North Shore Children's Hospital	North Shore Medical Center - Salem	
Union Hospital	North Shore Medical Center - Union	
Quincy City Hospital	Quincy Hospital	
Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	Southcoast Health Systems	

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

NAME CHANGES

ORIGINAL ENTITIES	NAME OF NEW ENTITY	DATE
Clinton Hospital	UMass. Memorial – Clinton Hospital	
Health Alliance Hospital	UMass. Memorial – Health Alliance Hospital	
Marlborough Hospital	UMass. Memorial – Marlborough Hospital	
Wing Memorial Hospital	UMass. Memorial – Wing Memorial Hospital	
UMass. Medical Center	UMass. Memorial Medical Center	
Waltham-Weston Hospital Deaconess Waltham Hospital	Waltham Hospital	June 2002 Now closed.

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CLOSURES

HOSPITAL	COMMENTS
Amesbury Hospital	Closed.
Boston Regional Hospital	Closed.
Burbank Hospital	Closed.
Cable Emergency Center	Closed.
Goddard Hospital	Closed.
Hunt Memorial Hospital	Closed. Now outpatient services only.
Ludlow Hospital	Closed.
Lynn Hospital	Closed.
Mary Alley Hospital	Closed.
Massachusetts Osteopathic Hospital	Closed.
Medical Center of Symmes	Closed.
St. Luke's Hospital in Middleborough	Closed.
St. Margaret's Hospital for Women	Closed.
Waltham Hospital	Closed.
Worcester City Hospital	Closed.

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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**SUPPLEMENT VIII. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital – North Shore	Non-acute care hospital

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. UHIN Sequence Number

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for review.

Calculated fields are age, newborn in weeks, and Unique Health Information Number (UHN) Sequence Number. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and registration date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the registration date.

C) Detailed Description:

If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of registration. If not, then the patient's age is the year of registration minus the year of birth, minus one.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the registration date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped..

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

**3. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT
SEQUENCE NUMBER**

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, registration date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of visits.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first visit for the UHIN, and nnnn indicates the last visit for the UHIN.
- 4) If a UHIN has 2 visits on the same day, the discharge date is used as the secondary sort key.

Technical Documentation
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PART B. DATA FILE SUMMARY

1. ED File Table FY2000
2. Data Code Tables FY2000

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PART B. DATA FILE SUMMARY

The following is a list of the contents of the ED File Layout. Passed and Failed data are included together in each file. The failed visits are flagged for easy identification.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the ED file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the ED Visit Data:

- Top Errors Report
- Record Layout
- Total Charges & ED Visits by Hospital

1. EMERGENCY DEPARTMENT FILE TABLE – FY2000 – ED VISIT

#	Field Name	Data Type	Size
1	RecordType20ID	Long Integer	4
2	EDVisitID	Long Integer	4
3	SubmissionControlID	Long Integer	4
4	FilingOrgID	Long Integer	4
5	DPHNumber	Long Integer	4
6	HospitalServiceSiteID	Text	10
7	EncryptedSSN	Text	19
8	MedicalRecordNumber	Text	10
9	BillingNumber	Text	17
10	EncryptedMothersSSN	Text	19
11	MedicaidClaimCertificateNumber	Text	17
12	DateOfBirth	Date/Time	8
13	Sex	Text	1
14	Race	Long Integer	4
15	ZipCode	Text	5
16	RegistrationDate	Date/Time	8
17	RegistrationTime	Long Integer	4
18	DischargeDate	Date/Time	8
19	DischargeTime	Long Integer	4
20	TypeOfVisit	Long Integer	4
21	SourceOfVisit	Text	1
22	SecondarySourceOfVisit	Text	1
23	DepartureStatus	Text	1
24	PrimarySourceOfPayment	Text	5

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PART B. DATA FILE SUMMARY

1. EMERGENCY DEPARTMENT FILE TABLE FY2000 – ED VISIT - Continued

#	Field Name	Data Type	Size
25	SecondarySourceOfPayment	Text	5
26	Charges	Currency	8
27	EncryptedOtherPhysicianNumber	Text	10
28	EncryptedPhysicianNumber	Text	10
29	OtherCareGiver	Long Integer	4
30	PrincipalDiagnosisCode	Text	5
31	AssociatedDiagnosisCode1	Text	5
32	AssociatedDiagnosisCode2	Text	5
33	AssociatedDiagnosisCode3	Text	5
34	AssociatedDiagnosisCode4	Text	5
35	AssociatedDiagnosisCode5	Text	5
36	SignificantProcedureCode1	Text	5
37	SignificantProcedureCode2	Text	5
38	SignificantProcedureCode3	Text	5
39	SignificantProcedureCode4	Text	5
40	EmergencySeverity	Long Integer	4
41	PrincipalECode	Text	5
42	ProcedureCodingType	Long Integer	4
43	Transport	Long Integer	4
44	AmbulanceRunSheet	Text	8
45	Homeless	Text	1
46	ReasonForVisit	Text	150
47	Age	Long Integer	4
48	NewbornAgeWeeks	Long Integer	4
49	LengthOfStayHours	Decimal	16
50	RegistrationDay	Text	10
51	RegistrationMonth	Text	50
52	RegistrationYear	Long Integer	4
53	DischargeDay	Text	10
54	VisitSequence	Long Integer	4
55	DaysBetweenVisits	Long Integer	4
56	VisitPassed	Long Integer	4
57	CCSCCodeLevel1	Long Integer	4
58	CCSCCodeLevel1Description	Text	100

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PART B. DATA FILE SUMMARY

1. **EMERGENCY DEPARTMENT FILE TABLE FY2000 – ED SERVICE**

#	Field Name	Data Type	Size
1	RecordType20ID	Long Integer	4
2	ServiceID	Long Integer	4
3	EDVisitID	Long Integer	4
4	SubmissionControlID	Long Integer	4
5	ServiceLineItem	Text	5

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F. of this manual.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes:

* RACE CODE	* Patient Race Definition
1	White
2	Black
3	Asian
4	Hispanic
5	Native American
6	Other
9	Unknown

Type of Visit Codes:

Type of Visit Code	Type of Visit Definition
1	Emergency
2	Urgent
3	Non-Urgent
4	Newborn
5	Information Unavailable

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Source of Visit Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
T	Transfer from Another Institution's Ambulatory Surgery (SDS)
Y	Within Hospital Ambulatory Surgery Transfer (SDS Transfer)
E	EMS Transport Decision

* SRCADM CODE	* Source of Admission Definition – Newborn Only
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Patient Departure Status Codes:

Departure Status Code	Departure Status Description
1	Routine (i.e., to home or usual place of residence)
3	Transferred to Other Facility
4	AMA
6	Eloped
8	Within Hospital Clinic Referral
9	Dead on Arrival (with or without resuscitative efforts in the ED)
0	Died During ED Visit

Other Caregiver Codes:

Other Caregiver Code	Description
1	Resident
2	Intern
3	Nurse Practitioner
5	Physician Assistant

Patient's Mode of Transport Code:

Mode of Transport Code	Description
1	Ambulance
2	Helicopter
3	Law Enforcement
4	Walk-In (including public or private transport)
5	Other
9	Unknown

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

Homeless Indicator:

Codes	Description
Y	Patient is known to be homeless
N	Patient is not known to be homeless

Payer Type Codes:

*PAYER TYPE CODE	Payer Type Abbreviation	* Payer Type Definition
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
1	Anna Jaques Hospital	Anna Jaques Hospital	
2	Athol Hospital	Athol Hospital	
4	Baystate Medical Center	Baystate Health Systems	
7	Berkshire Health Systems – Berkshire Campus	Berkshire Health System – Berkshire	
9	Berkshire Health Systems – Hillcrest Campus	Berkshire Health System – Hillcrest	
10	Beth Israel Deaconess	BI/Deaconess Medical Ctr	
19	Boston Medical Center – East Boston NHC	N/A – aka East Boston Neighborhood Health Center	
144	Boston Medical Center – East Newton Campus	N/A – see Boston Medical Center – Harrison Ave. Campus, filer for this hospital	
16	Boston Medical Center – Harrison Ave. Campus	Boston Medical Center	Boston Medical Center – East Newton Campus
22	Brigham & Women's	Brigham & Women's	
25	Brockton Hospital	Brockton Hospital	
3118	Cable Emergency Center	N/A – formerly Cable Hospital	
67	Cambridge Health Alliance – Malden Campus	Hallmark Health Care – Malden	
27	Cambridge Health Alliance – Cambridge Campus	Cambridge Public Health Commission	Cambridge Health Alliance – Somerville Campus
143	Cambridge Health Alliance – Somerville Campus	N/A – see Cambridge Health Alliance – Cambridge Campus, filer of submission	
142	Cambridge Health Alliance – Whidden Memorial Campus	Hallmark Health Care – Whidden	
39	Cape Cod Health System – Cape Cod Campus	Cape Cod Health System – Cape Cod	
40	Cape Cod Health System – Falmouth Campus	Cape Cod Health System – Falmouth	
62	Caritas Good Samaritan Medical Center	Good Samaritan Medical Center	
41	Caritas Norwood Hospital	Caritas Norwood	
440	Caritas Southwood Hospital	Caritas Southwood Community Hospital	
42	Caritas Carney Hospital	Carney Hospital	

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
46	Children's Hospital	Children's Medical Ctr.	
132	Clinton Hospital	Clinton Hospital	
50	Cooley Dickinson Hospital	Cooley Dickinson Hospital	
51	Dana Farber Cancer Center	Dana Farber Cancer Inst.	
53	Beth Israel Deaconess Needham	Deaconess-Glover	
52	Nashoba Valley Medical Center	Deaconess-Nashoba	
54	Waltham Hospital (closed)	Deaconess Waltham	
57	Emerson Hospital	Emerson Hospital	
8	Fairview Hospital	Fairview Hospital	
59	Faulkner Hospital	Faulkner Hospital	
5	Franklin Medical Center	Franklin Medical Center	
66	Hallmark Health – Lawrence Memorial Campus	Hallmark Health – Lawrence Memorial Campus	
141	Hallmark Health – Melrose-Wakefield Campus	Hallmark Health – Melrose-Wakefield Campus	
68	Harrington Memorial Hospital	Harrington Memorial Hospital	
70	Merrimack Valley Hospital	Haverhill Municipal Hospital (Hale)	
71	Health Alliance Hospital	Health Alliance Hospital	
73	Heywood Hospital	Heywood Hospital	
75	Holy Family Hospital	Holy Family Hospital	
77	Holyoke Hospital	Holyoke Hospital	
78	Hubbard Regional Hospital	Hubbard Regional Hospital	
79	Jordan Hospital	Jordan Hospital	
136	Kindred Hospital Boston	Vencor Boston	
135	Kindred Hospital North Shore	Vencor North Shore (formerly JB Thomas)	
81	Lahey Clinic Hospital	Lahey Hitchcock Clinic	
83	Lawrence General Hospital	Lawrence General Hospital	
85	Lowell General Hospital	Lowell General Hospital	

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
133	Marlborough Hospital	UMass. Health System – Marlborough Hospital	
88	Martha's Vineyard Hospital	Martha's Vineyard Hospital	
6	Mary Lane Hospital	Mary Lane Hospital	
91	Mass. General Hospital	Mass. General Hospital	
89	Mass. Eye & Ear Infirmary	Mass. Eye & Ear Infirmary	
119	Mercy Hospital	Mercy Hospital	
457	MetroWest Med. Ctr. – Leonard Morse Campus	Columbia MetroWest – Leonard Morse	
49	MetroWest Med. Ctr. – Framingham Campus	Columbia MetroWest - Framingham	
97	Milford-Whitinsville Regional Hospital	Milford-Whitinsville Regional Hospital	
98	Milton Hospital	Milton Hospital	
99	Morton Hospital	Morton Hospital	
100	Mt. Auburn Hospital	Mt. Auburn Hospital	
101	Nantucket Cottage Hospital	Nantucket Cottage Hospital	
103	New England Baptist Hospital	New England Baptist Hospital	
104	Tufts New England Medical Center	New England Medical Center	
105	Newton-Wellesley Hospital	Newton-Wellesley Hospital	
106	Noble Hospital	Noble Hospital	
107	North Adams Regional Hospital	North Adams Regional	
116	North Shore Medical Center – Salem Hospital	Salem Hospital	
109	Northeast – Addison Gilbert	NE Health Systems – Addison Gilbert	
110	Northeast - Beverly	NE Health Systems – Beverly	

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PART B. DATA FILE SUMMARY

2. OUTPATIENT EMERGENCY DEPARTMENT VISIT DATA CODE TABLES
(Continued)

DHCFP Organization ID's for Hospitals:

Org_ID	Current Organization Name	Year 2000 HDD Filing Name	Additional Hospital Included in Filing
118	Providence Hospital (Sisters of Providence Health System)	Providence Hospital	
112	Quincy Hospital	Quincy Hospital	
115	Saints Memorial Medical Center	Saints Memorial Medical Center	
122	South Shore Hospital	South Shore Hospital	
123	Southcoast Health Systems – Charlton Memorial Campus	Southcoast Health Systems – Charlton Memorial Campus	
124	Southcoast Health Systems – St. Luke's Hospital	Southcoast Health Systems – St. Luke's Hospital	
145	Southcoast Health Systems – Tobey Hospital	Southcoast Health Systems – Tobey Hospital	
114	Caritas St. Anne's	St. Anne's	
126	Caritas St. Elizabeth's	St. Elizabeth's Medical Center	
127	Saint Vincent Hospital	Saint Vincent Hospital	
129	Sturdy Memorial Hospital	Sturdy Memorial Hospital	
130	UMass. Memorial Medical Center Memorial Campus	N/A – See UMass. Memorial Medical Center – UMass. Campus, filer of submission	
131	UMass. Memorial Medical Center – UMass. Campus	UMass. Medical Center	UMass. Memorial Medical Center – Memorial Campus
3	Union Hospital	Atlanticare Medical Center	
138	Winchester Hospital	Winchester Hospital & Family Medical	
139	Wing Memorial Hospital	Wing Memorial Med. Ctr.	